

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Workers' Voice | | FEC IDENTIFICATION NUMBER ▼ C C00484287 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | |

| | | | | | |
|--|-------------|-----------------------|--|--|--|
| Full Name of Payee Angle Mastagni Mathews Political Strategies, LLC | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | | |
| Mailing Address 507 N. Sylvania Avenue | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1250.00</div> | | |
| City Fort Worth | State TX | Zip Code 76111 | Transaction ID : D521199 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | | |
| Purpose of Expenditure GOTV Calls | | Category/ Type 004 | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | | |
| Name of Federal Candidate DAVID W. JOLLY | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">22419.86</div> | | | Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|--|-------------|-----------------------|--|--|--|
| Full Name of Payee Angle Mastagni Mathews Political Strategies, LLC | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | | |
| Mailing Address 507 N. Sylvania Avenue | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">3750.00</div> | | |
| City Fort Worth | State TX | Zip Code 76111 | Transaction ID : D521203 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | | |
| Purpose of Expenditure GOTV Calls | | Category/ Type 004 | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | | |
| Name of Federal Candidate ALEX SINK | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">22419.86</div> | | | Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">5000.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) Workers' Voice | | FEC IDENTIFICATION NUMBER ▼ C C00484287 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------|---|---|
| Full Name of Payee Florida AFL-CIO | | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 06 / 2014 | |
| Mailing Address c/o Mike Williams 135 S. Monroe Street | | Amount 534.22 | |
| City Tallahassee | State FL | Zip Code 32301 | Transaction ID : D521238 |
| Purpose of Expenditure In-Kind Staff | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 06 / 2014 | |
| Name of Federal Candidate ALEX SINK | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 13 State: FL |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------|---|---|
| Full Name of Payee Florida AFL-CIO | | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 06 / 2014 | |
| Mailing Address c/o Mike Williams 135 S. Monroe Street | | Amount 202.45 | |
| City Tallahassee | State FL | Zip Code 32301 | Transaction ID : D521239 |
| Purpose of Expenditure In-Kind Staff | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 06 / 2014 | |
| Name of Federal Candidate DAVID W. JOLLY | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 13 State: FL |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ | |

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|--|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 736.67 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY
03 / 07 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 4
FOR SE OF FORM 24/48

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| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|--------------------|---|---|
| Full Name of Payee AFL-CIO | | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 06 / 2014 | |
| Mailing Address 815 - 16th Street, NW | | Amount 204.83 | |
| City Washington | State DC | Zip Code 20006 | Transaction ID : D521241 |
| Purpose of Expenditure Reimburse Auto Dialer Phones | | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 06 / 2014 |
| Name of Federal Candidate ALEX SINK | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL |
| Calendar Year-To-Date Per Election for Office Sought 22419.86 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ | |

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|--|--------------------|---|---|
| Full Name of Payee AFL-CIO | | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 06 / 2014 | |
| Mailing Address 815 - 16th Street, NW | | Amount 68.27 | |
| City Washington | State DC | Zip Code 20006 | Transaction ID : D521243 |
| Purpose of Expenditure Reimburse Auto Dialer Phones | | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 06 / 2014 |
| Name of Federal Candidate DAVID W. JOLLY | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL |
| Calendar Year-To-Date Per Election for Office Sought 22419.86 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ | |

| | |
|--|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 273.10 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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| NAME OF COMMITTEE (In Full) Workers' Voice | | FEC IDENTIFICATION NUMBER ▼ C C00484287 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | |

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|--|-------------|--|---|
| Full Name of Payee International Union of Painters and Allied Trades Political Action Together Political Comm | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | |
| Mailing Address 1750 New York Avenue, NW | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">34.29</div> | |
| City Washington | State DC | Zip Code 20006 | Transaction ID : D521245 |
| Purpose of Expenditure In-Kind Phone Banking Equipment | | Category/ Type 004 | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> |
| Name of Federal Candidate ALEX SINK | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|-------------|--|---|
| Full Name of Payee International Union of Painters and Allied Trades Political Action Together Political Comm | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | |
| Mailing Address 1750 New York Avenue, NW | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11.42</div> | |
| City Washington | State DC | Zip Code 20006 | Transaction ID : D521246 |
| Purpose of Expenditure In-Kind Phone Banking Equipment | | Category/ Type 004 | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> |
| Name of Federal Candidate DAVID W. JOLLY | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">45.71</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">6055.48</div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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